

JUL 09 2007

PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0032

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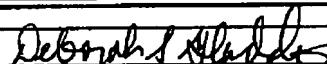
Effective on 12/08/2004. FEE TRANSMITTAL For FY 2007		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number 10/069,621	
		Filing Date June 5, 2002	
		First Named Inventor Albrecht GOECKE	
		Examiner Name T. H. Nguyen	
		Art Unit 2618	
		Attorney Docket No. 449122021700	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$ 120.00)			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
							Small Entity														
							Fee (\$)														
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							25														
Multiple dependent claims							200														
							360														
							180														
<table border="0" style="width: 100%;"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>15</td> <td>- 20 = 0</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	15	- 20 = 0	x	=				
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)															
15	- 20 = 0	x	=																		
HP = highest number of total claims paid for, if greater than 20.																					
<table border="0" style="width: 100%;"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>- 3 = 0</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				1	- 3 = 0	x	=				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																		
1	- 3 = 0	x	=																		
HP = highest number of independent claims paid for, if greater than 3.																					

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x	

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 1251 Extension for response within first month		120.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,636
Name (Print/Type)	Deborah S. Gladstein	Telephone	(703) 760-7753
		Date	April 2, 2007

va-199738

JUL 09 2007

PTO/SB/21 (09-08)

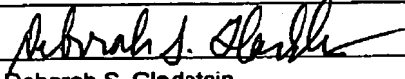
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/069,621	
	Filing Date	June 5, 2002	
	First Named Inventor	Albrecht GOECKE	
	Art Unk	2618	
	Examiner Name	T. H. Nguyen	
Total Number of Pages in This Submission	6	Attorney Docket Number	449122021700

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Deborah S. Gladstein		
Date	April 2, 2007	Reg. No.	43,636

va-199737

JUL 09 2007

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To:

NAME:	FACSIMILE:	TELEPHONE:
USPTO, Group 2600	571-273-8300	

FROM: Deborah S. Gladstein

DATE: July 9, 2007

Number of pages with cover page:	11	
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Preparer of this slip has confirmed that facsimile number given is correct: 12834/GLF1

Comments:

Application No. 10/069,621 - A. GOECKE et al. - Our Ref.: 449122021700

Attached is a Letter forwarding a copy of the Amendment filed on April 2, 2007 and the postcard receipt as evidencing the filing.

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VA-210289

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PTO/SB/21 (09-06)

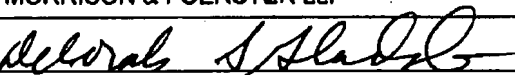
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Deborah S. Gladstein		
Date	April 2, 2007	Reg. No.	43,836

va-210288

Atty Docket No.: 449122021700

Inventor: Albrecht GOECKE et al.

Application No.: 10/069,621

Filing Date: June 5, 2002

Title: TELECOMMUNICATIONS TERMINAL

Documents Filed:

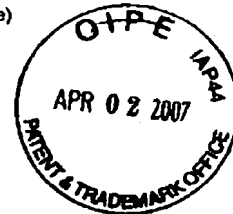
Transmittal (1 page)

Fee Transmittal (1 page)

One Month Request for Extension of Time Under 37 CFR 1.138(a) (1 page)

Amendment in Response to Non-Final Office Action (3 pages)

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Date: April 2, 2007

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